

## APPLICATION FOR SUBCONTRACTOR CERTIFICATION

PLEASE READ THIS PAGE BEFORE COMPLETING THE ATTACHED APPLICATION FOR CERTIFICATE OF ELIGIBILITY.

**PLEASE NOTE:** DCAM subcontractor certification is required for any contractor filing a sub-bid in which the sub-bid category of work is estimated by a public agency to cost more than twenty thousand dollars (\$20,000) on projects that entail construction, reconstruction, installation, demolition, maintenance or repair of any public building project estimated over \$100,000 and bid under M.G.L. c. 149.

### REQUIREMENTS FOR CONSIDERATION:

1. Your firm must be in business for at least one (1) year.
2. Your firm must have successfully completed a minimum of three (3) contracts in each of the categories of work you list in this Application within the past three years. These contracts must be at least \$20,000 each.
3. Your firm must provide a financial statement that is compiled, reviewed, or audited by a certified public accountant.

In filling out this Application, be sure to answer all questions and include all required information. **Failure to answer any question or comply with any directive contained in these forms may result in denial of certification.**

**Place a check next to each item and ensure that the following are included:**

- ☐ Application for Certificate of Eligibility (pages 3 - 15).
- ☐ Fee payment for \$200 in the form of certified check or money order made payable to the Commonwealth of Massachusetts (page 2).
- ☐ Copy of Current State Office of Minority and Women Business Assistance (SOMWBA) certificate, if applicable (section 1.4).
- ☐ Articles of Organization or Massachusetts Foreign Corporation Certificate if an out of state firm (section 2.8) or Certificate of Organization if a Limited Liability Company (LLC) (section 2.10).
- ☐ Most recent Massachusetts Corporation Annual Report or Massachusetts Foreign Corporation Annual Report if an out of state firm (section 2.9) or LLC Annual Report if an LLC (section 2.11).
- ☐ Resumes of all principal and supervisory personnel (section 3.1).
- ☐ Verification of Workers Compensation Insurance (section 4.4).
- ☐ Confirmation of payment and performance bonding, if applicable (sections 5.1 – 5.4).
- ☐ Most recent year ending CPA-prepared financial statement (section 5.6).
- ☐ Certification (page 15).

**DO NOT SUBMIT BINDERS OR INCLUDE SUPERFLUOUS MATERIALS**

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## Frequently Asked Questions (FAQ)

To help expedite the processing of your application with the Division of Capital Asset Management (“DCAM”), the Contractor Certification Office has developed the following for the most frequently asked questions:

**QUESTION:** *“My firm routinely engages in non-building horizontal projects such as bridge and tunnel construction. May I list these projects on the DCAM application in sections 4.5, 4.6 and 4.8 ?”*

**ANSWER:** No. DCAM certification is only required for bids on projects for the construction, reconstruction, installation, demolition, maintenance or repair of any building by a public agency. For a listing of applicable categories please refer to the DCAM Application For Sub-bidder Certificate Of Eligibility. Only such projects should be listed on this application. Projects that should be omitted from this application would include, but are not limited to bridges, tunnels, highways, site work, underground storage tanks not associated with buildings, retaining walls, dams, etc.

**QUESTION:** *“My firm is the parent company of a subsidiary. Our financial statement is combined and does not differentiate between the parent and the subsidiary. Since the statement is audited, is this sufficient?”*

**ANSWER:** No. Whether your firm is the parent of one or more subsidiaries, or if your firm is the subsidiary of a parent company, you must furnish along with your reviewed or audited statement a financial breakdown that *differentiates* between parent and subsidiary. The breakdown itself does not have to be compiled, reviewed, or audited; an in-house generated report signed off by your firm’s financial officer is acceptable. However, it must show assets, liabilities, gross revenues, stockholder equity, and net income separately.

**QUESTION:** *“My firm is already certified by DCAM in certain categories of work to bid as a prime contractor. Do I still need to complete this application?”*

**ANSWER:** If your firm is currently certified by DCAM to bid as a prime contractor in any of the following categories: Electrical, Elevators, HVAC, Masonry, Painting, Plumbing, Roofing, or Waterproofing, your firm will automatically receive certification to bid as a subcontractor in those categories and there is no need to complete this application. Contractors currently certified by DCAM in categories other than the above-mentioned that wish to become certified as a sub-bidder, must complete this application.

## **SUB CONTRACTOR FEE SCHEDULE**

In order for your application to be processed, it must include a **certified check or money order** payable to the Commonwealth of Massachusetts in the amount of \$200.

Please understand that once the evaluation of your application commences, there can be no refunds. DCAM greatly appreciates your cooperation in this matter.

Please contact the Contractor Certification Office at (617) 727-9320 if you have any questions.

APPLICATION FOR SUB-BIDDER CERTIFICATE OF ELIGIBILITY

COMPANY NAME:

ADDRESS:

TELEPHONE:

SUBMITTED BY:

DATE:

INDICATE CATEGORIES OF WORK FROM  
THE LIST AT THE RIGHT FOR WHICH  
YOU WISH TO RECEIVE CERTIFICATION.

**TO BE CONSIDERED FOR CERTIFICATION  
IN ANY CATEGORY, CONTRACTORS MUST  
PERFORM WORK IN THOSE CATEGORIES  
USING THEIR OWN WORKFORCE.**

CERTIFICATION WILL NOT BE GRANTED IN  
IN CATEGORIES WHERE THE WORK WAS  
SUBCONTRACTED.

CATEGORIES OF WORK:

- ☐ ACOUSTICAL TILE
- ☐ ELECTRICAL WORK<sup>1</sup>
- ☐ ELEVATORS
- ☐ GLASS AND GLAZING
- ☐ HVAC
- ☐ LATHING AND PLASTERING
- ☐ MARBLE
- ☐ MASONRY WORK
- ☐ METAL WINDOWS
- ☐ MISCELLANEOUS AND  
ORNAMENTAL IRON
- ☐ PAINTING
- ☐ PLUMBING<sup>2</sup>
- ☐ RESILIENT FLOORS
- ☐ ROOFING AND FLASHING
- ☐ TERRAZZO
- ☐ TILE
- ☐ WATERPROOFING, DAMP  
PROOFING, AND  
CAULKING

DATE RECEIVED:

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<sup>1</sup> Requires Corporate Master Electricians license

<sup>2</sup> Requires Corporate Master Plumbers license

NOTE: ALL QUESTIONS MUST BE ADDRESSED BY THE CONTRACTOR IN ORDER FOR THIS QUALIFICATION FORM TO BE PROPERLY COMPLETED. FAILURE OF THE CONTRACTOR TO ANSWER ANY QUESTION OR COMPLY WITH ANY DIRECTIVE CONTAINED IN THIS FORM MAY BE USED AS GROUNDS TO FIND IT INELIGIBLE. IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH SEPARATE SHEETS.

## **PART 1 HISTORICAL DATA/ORGANIZATION**

- 1.1 INDICATE THE EXACT NAME BY WHICH YOUR FIRM IS KNOWN.
- 1.2 HOW MANY YEARS HAS YOUR FIRM BEEN IN BUSINESS UNDER ITS PRESENT BUSINESS NAME?
- 1.3 INDICATE ALL OTHER NAMES BY WHICH YOUR FIRM HAS BEEN KNOWN AND THE LENGTH OF TIME KNOWN BY EACH NAME.
- 1.4 IS YOUR FIRM CURRENTLY CERTIFIED BY THE STATE OFFICE OF MINORITY AND WOMEN BUSINESS ASSISTANCE (SOMWBA) AS AN MBE, WBE, OR MWBE?

☐ YES ☐ NO

IF YES, PLEASE PROVIDE A COPY OF YOUR FIRM'S CURRENT SOMWBA CERTIFICATE.

## **PART II ORGANIZATIONAL STRUCTURE**

### **IF A CORPORATION, LIST OR ENCLOSE THE FOLLOWING:**

- 2.1 STATE OF INCORPORATION:
- 2.2 DATE OF INCORPORATION:
- 2.3 TYPE OF CORPORATION: ☐ FOR PROFIT ☐ NON-PROFIT  
☐ PUBLICLY TRADED ☐ LLC
- 2.4 NAME OF PRESIDENT:
- 2.5 NAME(S) OF VICE-PRESIDENT(S):
- 2.6 NAME OF SECRETARY OR CLERK:
- 2.7 NAME OF TREASURER:
- 2.8 A COPY OF YOUR FIRM'S ARTICLES OF ORGANIZATION OR MASSACHUSETTS FOREIGN CORPORATION CERTIFICATE (IF AN OUT OF STATE FIRM) AS FILED WITH THE SECRETARY OF STATE OF MASSACHUSETTS.
- 2.9 A COPY OF MOST RECENT MASSACHUSETTS CORPORATION ANNUAL REPORT OR MASSACHUSETTS FOREIGN CORPORATION ANNUAL REPORT (IF OUT OF STATE FIRM) AS FILED WITH THE SECRETARY OF STATE OF MASSACHUSETTS.

**IF A LIMITED LIABILITIES COMPANY (LLC), ENCLOSE THE FOLLOWING:**

- 2.10 CERTIFICATE OF ORGANIZATION
- 2.11 LLC ANNUAL REPORT

**IF A PARTNERSHIP, LIST OR ENCLOSE THE FOLLOWING:**

- 2.12 STATE IN WHICH ORGANIZED:
- 2.13 DATE OF ORGANIZATION:
- 2.14 TYPE OF PARTNERSHIP:
- 2.15 NAMES OF ALL PRINCIPAL PARTNERS:
- 2.16 IF A PARTNERSHIP, ATTACH A COPY OF BUSINESS CERTIFICATE AS FILED WITH THE CLERK OF THE CITY OR TOWN WHERE PARTNERSHIP IS LOCATED. ALSO, ATTACH A COPY OF THE PARTNERSHIP'S ARTICLES OF FORMATION OR PARTNERSHIP AGREEMENT.

**IF A BUSINESS TRUST, LIST OR ATTACH THE FOLLOWING:**

- 2.17 STATE IN WHICH ORGANIZED:
- 2.18 DATE OF ORGANIZATION:
- 2.19 NAMES OF ALL PRINCIPAL OFFICERS:
- 2.20 A COPY OF DECLARATION OF BUSINESS AS FILED WITH THE SECRETARY OF THE COMMONWEALTH.

**IF A SOLE PROPRIETORSHIP, LIST OR ENCLOSE THE FOLLOWING:**

- 2.21 DATE BUSINESS INITIATED:
- 2.22 NAME OF OWNER:
- 2.23 A COPY OF BUSINESS CERTIFICATE AS FILED WITH TOWN CLERK OF TOWN WHERE BUSINESS IS LOCATED.

**PART III HISTORICAL DATA/PERSONNEL**

- 3.1 ENCLOSE RESUMES OF ALL OFFICERS, PARTNERS, PRINCIPAL INDIVIDUALS AND OTHER KEY PERSONNEL IN YOUR FIRM. INFORMATION MUST INCLUDE:
  - a) EDUCATIONAL BACKGROUND
  - b) CONSTRUCTION EXPERIENCE
  - c) NUMBER OF YEARS WITH THIS FIRM
  - d) NAMES OF ALL OTHER FIRMS IN WHICH THE INDIVIDUAL NOW HAS OR HAS IN THE PAST HAD A FINANCIAL INTEREST OR DECISION-MAKING RESPONSIBILITY.
  - e) LICENSES HELD - INDIVIDUAL AND CORPORATE (ATTACH COPIES)

#### PART IV ORGANIZATIONAL CAPACITY/ EXPERIENCE

- 4.1 LIST ALL STATES IN WHICH YOUR FIRM IS LEGALLY QUALIFIED TO DO BUSINESS.
- 4.2 INDICATE THE TOTAL CONTRACT AMOUNT LEFT TO COMPLETE ON ALL CONTRACTS CURRENTLY IN PROGRESS.
- \$
- 4.3 Please answer the following questions. Information is to cover the three years preceding the date of submission of this application.

If you answer YES to any question, on a separate page provide a complete explanation. Include all details [project name(s) and location(s), names of all parties involved, relevant dates, etc.].

	YES	NO
A. Has your firm been terminated on any contract prior to completing its work?	<input type="checkbox"/>	<input type="checkbox"/>
B. Within the past three years, has any officer, partner or principal of your firm been an officer, partner or principal of another firm that was terminated or failed to complete a project?	<input type="checkbox"/>	<input type="checkbox"/>
C. Has your firm failed or refused either to perform or complete any of its work under any contract prior to substantial completion?	<input type="checkbox"/>	<input type="checkbox"/>
D. Has your firm failed or refused to complete any punchlist work under any contract?	<input type="checkbox"/>	<input type="checkbox"/>
E. Has your surety taken over or been asked to complete any of your work under any contract?	<input type="checkbox"/>	<input type="checkbox"/>
F. Has your surety made payment to a materials supplier or other party under your payment bond on any contract?	<input type="checkbox"/>	<input type="checkbox"/>
G. Have there been any deaths of an employee or others occurring in connection with any of your contracts?	<input type="checkbox"/>	<input type="checkbox"/>
H. Has any employee or other person suffered an injury in connection with any of your projects resulting in their inability to return to work for a period in excess of one year?	<input type="checkbox"/>	<input type="checkbox"/>

#### 4.4 WORKERS COMPENSATION

PLEASE PROVIDE INSURANCE BINDER OR POLICY CONFIRMING WORKERS COMPENSATION COVERAGE FOR THE CLASSIFICATION OF WORK FOR WHICH YOU SEEK CERTIFICATION.



- 4.5 INDICATE THE HIGHEST VALUE SINGLE CONTRACT COMPLETED BY YOUR FIRM IN THE PAST THREE YEARS INCLUDING START AND END DATES, NAMES, AND TELEPHONE NUMBERS OF OWNER'S, DESIGNER'S AND GENERAL CONTRACTOR'S REPRESENTATIVES. IF A CONTRACT INCLUDES SEVERAL DIFFERENT CATEGORIES OF WORK FOR WHICH YOUR FIRM SEEKS CERTIFICATION, PLEASE PROVIDE DOLLAR BREAKDOWN ATTRIBUTABLE TO EACH CATEGORY OF WORK SEPARATELY. DO NOT LIST NON-BUILDING, HORIZONTAL PROJECTS PERFORMED ON BRIDGES, TUNNELS, HIGHWAYS, OR SITE WORK.

PROJECT TITLE:

CONTRACT AMOUNT: \$

CATEGORY OF WORK (from Application For Sub-bidder Certificate Of Eligibility):

LOCATION:

START AND END DATES: to

REFERENCES:

COMPANY

CONTACT PERSON

TELEPHONE

OWNER:

DESIGNER:

G.C.:

IS YOUR FIRM OR ANY INDIVIDUAL WHO OWNS, MANAGES OR CONTROLS YOUR FIRM AFFILIATED WITH ANY OWNER, DESIGNER OR GENERAL CONTRACTOR NAMED ABOVE, EITHER THROUGH A BUSINESS OR FAMILY RELATIONSHIP? ☐ YES ☐ NO

ARE ANY OF THE CONTACT PERSONS NAMED ABOVE AFFILIATED WITH YOUR FIRM OR ANY INDIVIDUAL WHO OWNS, MANAGES OR CONTROL YOUR FIRM, EITHER THROUGH A BUSINESS OR FAMILY RELATIONSHIP? ☐ YES ☐ NO

IF YOU HAVE ANSWERED YES TO EITHER QUESTION, EXPLAIN.

4.6 LIST ALL **PROJECTS** YOUR FIRM HAS IN PROCESS ON THIS DATE. IF YOUR FIRM HAS MORE THAN TEN (10) PROJECTS IN PROCESS ON THIS DATE, PLEASE RESTRICT YOUR LIST TO THE TEN OLDEST CONTRACTS STILL IN PROCESS. **INFORMATION ON RANDOMLY SELECTED PROJECTS IS NOT ACCEPTABLE.** ANSWER ALL QUESTIONS. NOTE: WHEN LISTING CATEGORIES OF WORK, REFER TO CATEGORIES LISTED ON APPLICATION FOR SUB-BIDDER CERTIFICATE OF ELIGIBILITY AND LIST ALL RELEVANT CATEGORIES OF WORK WHICH YOUR FIRM PERFORMED WITH ITS OWN EMPLOYEES FOR EACH PROJECT. WITH RESPECT TO SINGLE CONTRACTS INVOLVING MULTIPLE CATEGORIES OF WORK, **PROVIDE A DOLLAR BREAKDOWN ATTRIBUTABLE TO EACH CATEGORY LISTED.** DO NOT LIST NON-BUILDING, HORIZONTAL PROJECTS PERFORMED ON BRIDGES, TUNNELS, HIGHWAYS, OR SITE WORK.

[illegible]

FOR ALL PROJECTS (NOT ONLY THOSE LISTED), HAVE THERE BEEN ANY PROBLEMS OR COMPLAINTS CONCERNING SCHEDULING, QUALITY, WORKMANSHIP, COORDINATION OR MANAGEMENT? ☐ YES ☐ NO  
IF YES. ATTACH A SEPARATE SHEET WITH EXPLANATIONS OF PROBLEMS.

4.7 LIST ALL INFORMATION CONCERNING REFERENCES FROM EACH PROJECT LISTED IN SECTION 4.6. ATTACH ADDITIONAL SHEETS, IF NECESSARY.

PROJECT TITLE		COMPANY NAME	CONTACT PERSON	TELEPHONE
	OWNER			
	DESIGNER			
	G.C.			
	OWNER			
	DESIGNER			
	G.C.			
	OWNER			
	DESIGNER			
	G.C.			
	OWNER			
	DESIGNER			
	G.C.			
	OWNER			
	DESIGNER			
	G.C.			
	OWNER			
	DESIGNER			
	G.C.			
	OWNER			
	DESIGNER			
	G.C.			
	OWNER			
	DESIGNER			
	G.C.			
	OWNER			
	DESIGNER			
	G.C.			
	OWNER			
	DESIGNER			
	G.C.			

IS YOUR COMPANY OR ANY INDIVIDUAL WHO OWNS, MANAGES OR CONTROLS YOUR FIRM AFFILIATED WITH ANY OWNER, DESIGNER OR GENERAL CONTRACTOR NAMED ABOVE, EITHER THROUGH A BUSINESS OR FAMILY RELATIONSHIP? ☐ YES ☐ NO

ARE ANY OF THE CONTACT PERSONS NAMED ABOVE AFFILIATED WITH YOUR FIRM OR ANY INDIVIDUAL WHO OWNS, MANAGES OR CONTROL YOUR COMPANY, EITHER THROUGH A BUSINESS OR FAMILY RELATIONSHIP? ☐ YES ☐ NO

IF YOU HAVE ANSWERED YES TO EITHER QUESTION, EXPLAIN.

- 4.8 LIST ALL PROJECTS YOUR FIRM HAS COMPLETED WITHIN THE PAST THREE YEARS OR THE TEN MOST RECENT PROJECTS COMPLETED WITHIN THE PAST THREE YEARS (WHICHEVER IS LESS). **INFORMATION ON RANDOMLY SELECTED PROJECTS IS NOT ACCEPTABLE.** ONLY LIST PROJECTS WITH CONTRACT VALUES OF \$20,000 OR MORE. NOTE: WHEN LISTING CATEGORIES OF WORK, REFER TO THE CATEGORIES LISTED ON THE APPLICATION FOR SUB-BIDDER CERTIFICATE OF ELIGIBILITY. LIST ALL RELEVANT CATEGORIES OF WORK THAT YOUR FIRM PERFORMED WITH ITS OWN EMPLOYEES FOR EACH PROJECT. WITH RESPECT TO SINGLE CONTRACTS INVOLVING MULTIPLE CATEGORIES OF WORK, **PROVIDE A DOLLAR BREAKDOWN ATTRIBUTABLE TO EACH CATEGORY LISTED.** DO NOT LIST NON-BUILDING, HORIZONTAL PROJECTS PERFORMED ON BRIDGES, TUNNELS, HIGHWAYS, OR SITE WORK.

PROJECT TITLE	LOCATION	CATEGORY OF WORK	CONTRACT AMOUNT	% COMPLETE	START DATE	END DATE	ON SCHEDULE
			\$				YES
			\$				YES
			\$				YES
			\$				YES
			\$				YES
			\$				YES
			\$				YES
			\$				YES
			\$				YES
			\$				YES
			\$				YES
			\$				YES
			\$				YES
			\$				YES
			\$				YES
			\$				YES
			\$				YES
			\$				YES
			\$				YES
			\$				YES
			\$				YES
			\$				YES

FOR ALL PROJECTS LISTED, HAVE THERE BEEN ANY PROBLEMS OR COMPLAINTS CONCERNING SCHEDULING, QUALITY, WORKMANSHIP, COORDINATION, OR MANAGEMENT? ☐ YES ☐ NO  
IF YES, ATTACH A SEPARATE SHEET WITH EXPLANATIONS OF PROBLEMS.

4.9 LIST ALL INFORMATION CONCERNING REFERENCES FROM EACH PROJECT LISTED IN SECTION 4.8. ATTACH ADDITIONAL SHEETS, IF NECESSARY.

PROJECT TITLE		COMPANY NAME	CONTACT PERSON	TELEPHONE
	OWNER			
	DESIGNER			
	G.C.			
	OWNER			
	DESIGNER			
	G.C.			
	OWNER			
	DESIGNER			
	G.C.			
	OWNER			
	DESIGNER			
	G.C.			
	OWNER			
	DESIGNER			
	G.C.			
	OWNER			
	DESIGNER			
	G.C.			
	OWNER			
	DESIGNER			
	G.C.			
	OWNER			
	DESIGNER			
	G.C.			

IS YOUR FIRM OR ANY INDIVIDUAL WHO OWNS, MANAGES OR CONTROLS YOUR FIRM AFFILIATED WITH ANY OWNER, DESIGNER OR GENERAL CONTRACTOR NAMED ABOVE, EITHER THROUGH A BUSINESS OR FAMILY RELATIONSHIP? ☐ YES ☐ NO

ARE ANY OF THE CONTACT PERSONS NAMED ABOVE AFFILIATED WITH YOUR FIRM OR ANY INDIVIDUAL WHO OWNS, MANAGES OR CONTROL YOUR COMPANY, EITHER THROUGH A BUSINESS OR FAMILY RELATIONSHIP? ☐ YES ☐ NO

If you have answered YES to either question, explain.

## **PART V FINANCIAL DATA**

**IF YOUR FIRM HAS AN ESTABLISHED BONDING CAPACITY WITH A SURETY, PLEASE COMPLETE SECTIONS 5.1 THROUGH 5.4. IF NOT, PLEASE SKIP TO SECTION 5.5.**

5.1 INDICATE THE FIRM'S BONDING LIMIT PER PROJECT AND TOTAL BONDING CAPACITY.

5.2 ATTACH AN ORIGINAL LETTER FROM YOUR BONDING AGENT ADDRESSED TO THE DIVISION OF CAPITAL ASSET MANAGEMENT, COMMONWEALTH OF MASSACHUSETTS, CONFIRMING ABOVE LIMITS AND PROVIDING NAME OF SURETY COMPANY.

5.3 HAS A BOND BEEN INVOKED AGAINST YOUR CURRENT FIRM WITHIN THE LAST THREE YEARS? ☐ YES ☐ NO

IF YES, STATE THE PARTICULARS, INCLUDING DATE, PROJECT NAME AND OWNER'S NAME.

5.4 WITHIN THE PAST THREE YEARS, HAS ANY OFFICER, PRINCIPAL OR INDIVIDUAL WITH A FINANCIAL INTEREST IN YOUR CURRENT FIRM BEEN AN OFFICER, PRINCIPAL OR INDIVIDUAL WITH A FINANCIAL INTEREST IN ANOTHER FIRM THAT HAD A BOND INVOKED? ☐ YES ☐ NO

IF YES, STATE THE PARTICULARS, INCLUDING OTHER FIRM'S NAME, DATE, PROJECT NAME AND OWNER'S NAME.

### **BANK REFERENCES**

5.5 LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL BANKS WITH WHICH YOUR FIRM DOES BUSINESS. ALSO, LIST A CONTACT PERSON(S) IN CREDIT DEPARTMENT.

### **FINANCIAL REFERENCES**

5.6 ATTACH THE MOST RECENT, COMPLETE YEAR-ENDING COMPILED, REVIEWED, OR AUDITED STATEMENT OF FINANCIAL CONDITION PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT (CPA), INCLUDING BALANCE SHEET, INCOME STATEMENT, STATEMENT OF CASH FLOWS, AND NOTES.

5.7 STATE THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE FIRM THAT PREPARED THE FINANCIAL STATEMENT.

5.8 HAS YOUR FIRM FILED FOR BANKRUPTCY WITHIN THE PAST THREE YEARS? IF YES, GIVE PARTICULARS, INCLUDING DATE AND COURT. ☐ YES ☐ NO

5.9 WITHIN THE PAST THREE YEARS, HAS ANY OFFICER, PRINCIPAL OR INDIVIDUAL WITH A FINANCIAL INTEREST IN YOUR CURRENT FIRM BEEN AN OFFICER, PRINCIPAL OR INDIVIDUAL WITH A FINANCIAL INTEREST IN ANOTHER FIRM THAT FILED FOR BANKRUPTCY? ☐ YES ☐ NO

IF YES, GIVE PARTICULARS, INCLUDING OTHER FIRM'S NAME, DATE AND COURT

## PART VI      LEGAL OR ADMINISTRATIVE PROCEEDINGS; COMPLIANCE WITH LAWS

Please answer the following questions. Information is to cover all judicial and administrative proceedings arising within the past three years preceding the date of submission of this application.

The term “Administrative Proceeding” as used in this Application for Certificate of Eligibility includes (i) any action taken or proceeding brought by a governmental agency, department or officer to enforce any law, regulation, code, legal, or contractual requirement, except for those brought in state or federal courts, or (ii) any action taken by a governmental agency, department or officer imposing penalties, fines or other sanctions for failure to comply with any such legal or contractual requirement.

**If you answer YES to any question, on a separate page provide a complete explanation of each proceeding or action and any judgement, decision, fine or other sanction or result. Include all details (name of court or administrative agency, title of case or proceeding, case number, date action was commenced, date judgement or decision was entered, fines or penalties imposed, etc.).**

6.0

	YES	NO
A. Are there any judicial proceedings (other than criminal proceedings) pending or that have been concluded adversely against your firm or a principal or officer or anyone with a financial interest in your firm relating to the procurement or performance of <b>any</b> construction contract, including but not limited to actions to obtain payment brought by subcontractors, suppliers or others?	<input type="checkbox"/>	<input type="checkbox"/>
B. Have any criminal proceedings been brought or have there been any convictions against your firm or a principal or officer or anyone with a financial interest in your firm relating to any of the following offenses: fraud, graft, embezzlement, forgery, bribery, falsification or destruction of records, receipt of stolen property, or environmental offenses?	<input type="checkbox"/>	<input type="checkbox"/>
C. Have any proceedings been brought by any municipal, state or federal agency to debar or suspend your firm or any principal or officer or anyone with a financial interest in your firm from public contracting?	<input type="checkbox"/>	<input type="checkbox"/>
D. Has your firm been denied certification, been decertified or debarred for any reason by any state or federal agency?	<input type="checkbox"/>	<input type="checkbox"/>
E. Has your firm been cited or fined by OSHA or any other state or federal agency for violations of any laws or regulations related to occupational health or safety?	<input type="checkbox"/>	<input type="checkbox"/>
F. Has your firm been sanctioned for failure to achieve DBE/MBE/WBE goals, workforce goals, or failure to file certified payrolls on any public projects?	<input type="checkbox"/>	<input type="checkbox"/>

6.1

Have any judicial or administrative proceedings been brought or concluded adversely against your firm or a principal or officer or anyone with a financial interest in your firm relating to:

- |  |  |
|--|--|
| 1) a violation of state or federal procurement laws arising out of the submission of sub-bids or proposals?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2) a violation of state or federal laws regulating campaign contributions?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3) a violation of chapter 268A of the Massachusetts General Laws?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4) a violation of any state or federal law regulating prevailing wages?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5) a violation of any state or federal law regulating hours of labor, unemployment compensation, minimum wages, overtime pay, equal pay, child labor or worker's compensation? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6) a violation of any state or federal law prohibiting discrimination in employment?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 7) a claim of repeated or aggravated violation of any state or federal law regulating labor relations or occupational health or safety?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |



**PART VII CERTIFICATION (NOTARIZATION REQUIRED)**

THE UNDERSIGNED, \_\_\_\_\_, HEREBY CERTIFIES  
(TYPE OR PRINT NAME)

THAT HE/SHE IS AN OWNER OR PRINCIPAL OF \_\_\_\_\_, AND THAT  
(COMPANY NAME)

ALL ANSWERS AND ALL STATEMENTS CONTAINED IN THE ATTACHED APPLICATION FOR  
CERTIFICATE OF ELIGIBILITY ARE TRUE AND CORRECT. PROVIDING FALSE OR MISLEADING  
INFORMATION OR FAILURE TO PROVIDE ALL REQUIRED INFORMATION WILL BE CONSIDERED  
GROUNDS FOR DENIAL, DECERTIFICATION AND/OR DEBARMENT. THE OWNER MUST VERIFY  
THE ACCURACY OF ALL INFORMATION SUBMITTED ON THIS APPLICATION AND MUST VERIFY  
THAT THE INFORMATION SUBMITTED IS IN FACT ACCURATE AND TRUE, UNDER OATH.

SIGNED AND SWORN UNDER THE PAINS AND PENALTIES OF PERJURY.

DATED AT \_\_\_\_\_

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

BY (SIGNATURE): \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE OR POSITION: \_\_\_\_\_

\_\_\_\_\_  
(STATE) \_\_\_\_\_ SS.  
(COUNTY)

BEFORE ME, \_\_\_\_\_, NAMED, \_\_\_\_\_,  
(NOTARY PUBLIC) (NAME OF OFFICER)

PERSONALLY APPEARED AND KNOWN TO ME TO BE \_\_\_\_\_, BASED  
(NAME OF OFFICER)  
ON SATISFACTORY EVIDENCE WHICH WAS HIS/HER DRIVER'S LICENSE AND  
ACKNOWLEDGED THAT HE/SHE IS AUTHORIZED TO EXECUTE THE FOREGOING AND THAT ITS  
EXECUTION IS HIS/HER FREE ACT AND DEED AND THE FREE ACT AND DEED OF THE FIRM.

\_\_\_\_\_  
(NOTARY PUBLIC SIGNATURE)

\_\_\_\_\_  
(PRINT NAME) MY COMMISSION EXPIRES: \_\_\_\_\_